
Report: Los Angeles Homeless Health Summit 2019



Background

On October 25, 2019, L.A. Care, Health Net, Hospital Association of Southern California (HASC), and Community Clinic Association of L.A. County (CCALAC) co-hosted the L.A. Homeless Health Summit. This Summit convened safety net health leaders to discuss their most pressing homeless health challenges, and identify policy priorities. Safety net health leaders at the Summit included: community health centers, public and private hospitals, and Medi-Cal health plans, along with invited partners from county health departments, Los Angeles Homeless Services Authority (LAHSA), United Way and selected key stakeholders.

At the Summit, safety net health leaders discussed challenges to effectively provide health care to people experiencing homelessness, within the current Medi-Cal funding parameters. For example, safety net health organizations have challenges with care coordination because there are barriers to sharing data. Another example is the difficulty hospitals experience discharging patients because of the lack of housing placement options and shortage of appropriate step-down options such as board and care placements and mental health beds.

Safety net health leaders proposed solutions to address the comprehensive physical health, behavioral health, and social needs of a diverse, complex, and growing population of people experiencing homelessness in L.A. County. There was also a recognition of the need to address systemic racism and economic inequality contributing to homelessness. In addition, safety net health leaders agreed on the need for strategies to address the health and wellbeing of seniors, families, individuals, and youth who experience homelessness.

Policy Priorities

Safety net health leaders identified local, state, and federal policy priorities to pursue in seven domains that would address the physical health, behavioral health, housing status, and social needs of people experiencing and at-risk of homelessness.

Prevention of Homelessness

- a. Assist/train safety net providers to screen patients for at-risk characteristics (e.g., unstable or temporary housing; loss of income; domestic violence).
- b. Assist/train safety net providers to provide interventions to divert patients from becoming homeless (e.g., identifying alternative living arrangements, applying for public assistance).
- c. Strengthen organizational ties between health and legal / homeless services organizations that can provide specialized assistance to patients at risk of homelessness.
- d. Increase access points for homelessness prevention resources, such as co-location with safety net providers.

Transitions of Care—e.g., moving from inpatient care to sub-acute services – are a key juncture at which to intervene:

- a. Expand access to recuperative care and skilled nursing facilities so that they are consistently available.

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- b. Expand housing resources available post-discharge, such as shelter, bridge housing, and permanent housing.
 - c. Explore adding recuperative care and/or short-term post-discharge housing as Medi-Cal benefits.
 - d. Explore creating a pool funded by multiple local stakeholders for post-discharge placements not covered by Medi-Cal.
 - e. Provide intensive care coordination for patients transitioning from inpatient care to improve placements and connections to community-based services.
 - f. Identify alternate strategies and additional settings to meet the basic needs of patients who are presenting in EDs primarily for showers, food and clothing—not medical care.
 - g. Secure funding to support hospital discharge process requirements of SB 1152 (Hernandez, 2018).

Delivering patient-centered health care that meets the specialized needs of people experiencing homelessness:

- a. Ensure adequate reimbursement to support mobile, street-based delivery of health services, including both primary and behavioral health care.
- b. Facilitate delivery of on-site health services for patients in interim housing or other short-term settings.
- c. Identify and implement quality metrics and pay-for-performance incentives directly linked to appropriate outcomes for homeless patients.
- d. Explore solutions to address Medi-Cal administrative barriers (e.g., PCP assignment, restrictions on same-day primary care and mental health services at health centers) to expand access for members without fixed address.
- e. Allow Medi-Cal reimbursement for community health workers to increase access, improve cultural competency, and maximize clinician time.
- f. Extend hours of operations of health organizations serving people experiencing homelessness to include evenings, nights, and weekends.

Behavioral Healthcare Access

- a. Expand access to behavioral health services in street medicine settings.
- b. Expand access to behavioral health services on site at selected facilities in the housing continuum, especially for clients with higher acuity mental health and substance use disorder needs.
- c. Expand availability of substance use disorder treatment services so that “treatment on demand” is a reality, especially for detox services.
- d. Expand availability of inpatient adult and adolescent mental health treatment beds.

Strengthen Housing Navigation and Supportive Services to facilitate coordination across delivery systems, ensure continuity and supported transitions of care:

- a. Secure ongoing financial support for existing Intensive Case Management Services (ICMS) and Health Homes Program (HHP) housing navigation and tenancy support.
- b. Expand ICMS-like services to other subpopulations of people experiencing homelessness.
- c. Systematically strengthen connections between ICMS providers and healthcare providers.
- d. Incorporate considerations of acute and chronic, disabling healthcare needs when assessing individuals for priority placement in housing (i.e., as part of or in addition to VI-SPDAT).

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- e. Extend hours of operations of homeless services organizations to include evenings, nights, and weekends.

Expand the Supply of and Access to Housing Resources across a continuum of housing types and locations:

- a. Develop housing sites with co-located health and mental health services.
- b. Develop congregate living sites and other innovative interim and permanent settings for individuals who need permanent daily support for Activities of Daily Living and for safety.
- c. Ensure adequate funding to support the continued operation and expansion of licensed Adult Residential Facilities (ARF) and Residential Care Facilities for the Elderly (RCFE).
- d. Expand supply of subsidized units both for individuals needing supportive housing and for individuals who need subsidies-only.
- e. Support local, state, and federal policies that would increase affordable housing supply and rental assistance.
- f. Leverage existing local and state funding streams, such as Mental Health Services Act, to expand supply of housing resources.

Integrated Data Sharing/Care Coordination Platforms

- a. Improve administrative simplification in reporting requirements of state programs (i.e., Health Homes Program, MHSA, Whole Person Care, etc.) and increase utility of reports.
- b. Identify the most effective ways to share and exchange key data points between health care and homeless services providers (e.g., shared access to records, HIE, other methods).
- c. Integrate safety net health plans and health care providers into the Homeless Management Information System (HMIS) and AB 210 data systems.

Advancement and Partnership Opportunities

Preventing and combatting homelessness is a priority for safety net health leaders. Despite the inflow of new resources, there is still a large gap in affordable housing and resources for needed health, housing, and social services for people experiencing homelessness in L.A. County. There is a growing awareness that the health care and homeless systems must work together to advocate for policies that will expand and explore innovative strategies.

Safety net health leaders will engage in upcoming policy opportunities: the Department of Health Care Services’s (DHCS) California Advancing and Innovating Medi-Cal (CalAIM) proposal, Governor Gavin Newsom’s Council of Regional Homeless Advisors, and L.A. County’s Measure H Planning process. CalAIM is a proposal to build on innovative Medi-Cal strategies to reach vulnerable populations such as homeless, justice-involved, and dual-eligible populations. The CalAIM stakeholder process will be a chance to align with and leverage the state’s efforts, including through the Enhanced Case Management program and the proposals to streamline mild, moderate, and specialty mental health services.

The Governor’s Council of Regional Homeless Advisors is focused on alleviating street homelessness, building more housing, and connecting more people to treatment. Locally, the Measure H Planning

process for FY 2021 – 2023 provides a forum for ongoing dialogue on homeless supportive services and how best to prioritize funding.

In addition, safety net health organizations are exploring ways to streamline and improve healthcare delivery for patients experiencing homelessness. They are interested in partnering with housing and homelessness stakeholders to expand resources for patients.

Conclusion

The jointly hosted L.A. Homeless Health Summit was a catalyst to align safety net health leaders' perspectives on the challenging and multi-faceted problem of homelessness. Our goal is to identify the specific health solutions that safety net health leaders can bring to improve the lives and health outcomes of our members and patients, as well as ideas for private and public partnerships. The hard work of policy change and implementation is yet to come as dialogue continues to tackle the challenging ideas raised. Work continues to eliminate inefficiencies, bridge transitions of care, improve communication and reduce data-sharing barriers to deliver a more seamless experience of care for homeless patients.

Together, we plan to advocate, mobilize resources and bring actionable solutions forward to policy-makers to alleviate the vexing problem of homelessness that leaves so many Angelenos without a safe place to call home.